

Quarterly IJ Summary Report April 2020 – June 2020

The following report presents information regarding all tags cited at the Immediate Jeopardy (IJ) level during licensing and certification surveys and complaint or incident investigations performed in nursing facilities during the second quarter of 2020 (04/01/2020 – 06/30/2020).

Immediate Jeopardy is “a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident” (42 CFR 489.3).

During this period, an IJ level tag was cited for forty-three of the surveys and investigations conducted, resulting in fifty-nine citations of sixteen unique federal tags. The following tables provide the percentage at which each unique tag was cited (Table 1), the percent of IJs per nursing facility (NF) by region (Table 2) and the number of IJs per type of investigation (Table 3). Due to the COVID-19 crisis, recertification surveys were suspended by the Centers for Medicare and Medicaid Services (CMS) during this quarter.

Descriptions of the situations and the deficient practices are derived from each event’s *Form CMS-2567 - Statement of Deficiencies and Plan of Correction*, which is available to the public through a Freedom of Information Act (FOIA) request.

Table 1

F-Tag (Sorted by Tag Number)	% Cited*	F-Tag (Sorted by Frequency Cited)	% Cited*
552	1.7%	600	23.5%
580	1.7%	689	21.6%
600	5.1%	684	13.7%
607	5.1%	580	7.8%
610	1.7%	610	3.9%
660	1.7%	678	3.9%
684	13.6%	686	3.9%
686	1.7%	726	3.9%
689	5.1%	578	2.0%
690	1.7%	607	2.0%
725	1.7%	658	2.0%
755	1.7%	697	2.0%
760	1.7%	740	2.0%
835	3.4%	760	2.0%
837	1.7%	773	2.0%
880	50.8%	835	2.0%

*Rounded to the nearest tent



Table 2

Region	# of IJs	# of NFs	% of IJs/NF
1	2	90	2.2%
2	8	137	5.8%
3	4	231	1.7%
4	9	194	4.6%
5	7	191	3.7%
6	10	177	5.6%
7	3	233	1.3%
Total	43	1253	3.4%

**Table 3
Number of IJs**

from Complaints	from Incidents	from Surveys	From Other	Total
35	3	NA	5	43

Tag References

483.10 - Resident Rights:

- 552 Right to be Informed/Make Treatment Decisions
- 580 Notify of Changes (Injury/Decline/Room, Etc.)

483.12 - Freedom from Abuse, Neglect, and Exploitation:

- 600 Free from Abuse and Neglect
- 607 Develop/Implement Abuse/Neglect, etc. Policies
- 610 Investigate/Prevent/Correct Alleged Violation

483.21 - Comprehensive Resident Centered Care Plans:

- 660 Discharge Planning Process

483.25 - Quality of Care:

- 684 Quality of Care
- 686 Treatment/Svcs to Prevent/Heal Pressure Ulcers
- 689 Free of Accident Hazards/Supervision/Devices
- 690 Bowel/Bladder Incontinence, Catheter, UTI

483.35 Nursing Services

- 725 Sufficient Nursing Staff

483.45 - Pharmacy Services:

- 755 Pharmacy Svcs/Procedures/Pharmacist/Records
- 760 Residents are Free of Significant Med Errors

483.70 - Administration:

- 835 Administration
- 837 Governing Body

483.70 - Administration:

- 880 Infection Prevention & Control

Acronyms

CDC – Centers for Disease Control

IV – Intravenous

LAR – Legally Authorized Representative

LHA – Local Health Authority

PPE – Personal Protective Equipment



Region 4**Exit Date:** 04/03/2020**Purpose of Visit:** Complaint/Incident Investigation; Focused Infection Control Survey**Tags:** F835/N1647; F880/N1721**Situations:** The facility and administration failed to follow CDC guidelines for COVID-19. The facility did not require staff to wear appropriate PPE and allowed a staff member to return to work prior to receiving their COVID-19 test results, which subsequently came back positive.**Deficient Practice:** The facility failed to ensure an effective infection control program to prevent the transmission of communicable diseases was provided and failed to ensure it was administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable well-being.**Region 4****Exit Date:** 04/10/2020**Purpose of Visit:** Complaint/Incident Investigation; Focused Infection Control Survey**Tags:** F607/N1285; F689/N1433**Situations:** The facility failed to ensure a resident, with underlying conditions that would be exacerbated by COVID-19, did not elope from the facility and were unaware of the elopement for over seven hours during which time the resident had flown to another state.**Deficient Practice:** The facility failed to implement policies and procedures to prevent neglect and failed to ensure adequate supervision and assistive devices to prevent accidents.**Region 7****Exit Date:** 04/10/2020**Purpose of Visit:** Complaint/Incident Investigation; Focused Infection Control Survey**Tags:** F600/N1284; F607/N1285; F610/N1292**Situations:** The facility failed to implement effective interventions and address the physically aggressive behaviors of a resident who assaulted another on two separate occasions, punching them and causing bruising to the face and pain in the shoulder. The facility failed to identify the acts as abuse and failed to investigate and report them as such.**Deficient Practice:** The facility failed to implement policies and procedures to prevent abuse and failed to have evidence that all alleged violations were thoroughly investigated, and protective measures were put in place to prevent further potential abuse.**Region 2****Exit Date:** 04/10/2020**Purpose of Visit:** Incident Investigation**Tags:** F689/N1433

Situations: The facility failed to ensure residents who smoked were effectively supervised. One resident was found outside in the courtyard on fire after lighting a cigarette and sustained burns to forty-five percent of their body. Two other residents reported that they carried their lighters with them despite facility policy that lighters were to be kept at the nurse's station.

Deficient Practice: The facility failed to ensure adequate supervision and assistive devices to prevent accidents.

Region 4

Exit Date: 04/16/2020

Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey

Tags: F880/N1655

Situations: The facility failed to perform daily resident assessments for symptoms of COVID-19.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 6

Exit Date: 04/18/2020

Purpose of Visit: Complaint Investigation

Tags: F660/N1394

Situations: The facility failed to provide effective discharge planning for a resident. The facility failed to ensure medical care services were obtained to assist the resident with blood glucose monitoring, failed to provide the resident's physician-ordered medications and instructions for administration, and failed to provide wound care instructions and supplies. Six days after being discharged, the resident was found dead in their apartment where medications belonging to another resident were discovered. The facility subsequently failed to retrieve the medications for the intended resident.

Deficient Practice: The facility failed to develop and implement an effective discharge planning process that focused on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care.

Region 4

Exit Date: 04/26/2020

Purpose of Visit: Complaint Investigation

Tags: F880/N1647

Situations: The facility failed to prevent a staff member, who had been exposed to a resident displaying symptoms of COVID-19 without wearing PPE, from working prior to being tested. The resident was diagnosed with COVID-19 the following day.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.



Region 4**Exit Date:** 04/28/2020**Purpose of Visit:** Complaint/Incident Investigation**Tags:** F600/N1284; 607F/N1285**Situations:** The facility failed to implement interventions to protect several residents after one resident threatened to harm them while holding a handmade sharp weapon. The resident later stood outside another's room while threatening to harm them.**Deficient Practice:** The facility failed to implement policies and procedures to prevent abuse.**Region 6****Exit Date:** 04/29/20**Purpose of Visit:** Complaint/Incident Investigation; FIC Survey**Tags:** F880/N1647**Situations:** The facility failed to isolate a resident after they began to exhibit symptoms of COVID-19. The facility did not accurately assess the resident for three days before they were hospitalized for treatment. The facility failed to have a COVID-19 isolation wing with dedicated staff and failed to ensure staff were wearing face masks. The facility failed to regularly perform assessments on multiple residents. The facility failed to appropriately screen visitors.**Deficient Practice:** The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.**Region 7****Exit Date:** 05/03/2020**Purpose of Visit:** Complaint/Incident Investigation; Focused Infection Control Survey**Tags:** F684/N1416; F880/N1647**Situations:** The facility failed to take the vital signs of three residents and did not monitor two others for signs of COVID-19 every shift, as ordered by a physician. The facility failed to notify a resident's physician of changes in condition when their blood pressure and oxygen saturation levels dropped. The facility failed to complete blood draws for the resident prior to beginning hydroxychloroquine treatment and did not complete an EKG on the fifth day of treatment, as ordered by a physician. The facility permitted six staff members who had been exposed to a resident who tested positive for COVID-19 to continue working prior to receiving test results.**Deficient Practice:** The facility failed to provide treatment and care based on the comprehensive assessment, in accordance with professional standards and failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.**Region 2****Exit Date:** 05/07/2020**Purpose of Visit:** Complaint Investigation

Tags: F880/N1647

Situations: The facility failed to screen essential visitors and staff prior to entrance and did not consistently monitor residents for symptoms of COVID-19.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 6

Exit Date: 05/09/2020

Purpose of Visit: Complaint Investigation

Tags: F684/N1416; F686/N1423

Situations: The facility failed to provide appropriate wound care to a resident with an unstageable (full thickness tissue loss in which depth of the ulcer is completely obscured by slough and/or eschar in the wound bed) infected sacral wound. The facility failed to transfer the resident to the hospital for wound care when they were informed the resident's wound care physician would not be able to enter the facility and treat them. The resident had three sets of critical value laboratory results on three consecutive days which indicated severe infection, of which the facility failed to inform the resident's physician.

Deficient Practice: The facility failed to provide treatment and care based on the comprehensive assessment, in accordance with professional standards; and failed to provide the necessary treatment and services, based on the comprehensive assessment and consistent with professional standards of practice to prevent development and worsening of pressure ulcers.

Region 4

Exit Date: 05/12/2020

Purpose of Visit: Focused Infection Control Survey

Tags: F552/N1174; F684/N1416; F880/N1647

Situations: The facility failed to gain informed consent from multiple residents or their LAR's prior to administering hydroxychloroquine and failed to effectively monitor the residents for the duration of the treatment. The facility failed to protect two residents from exposure to COVID-19 when they tested negative for the disease but were transferred to the COVID-19 isolation unit with elevated temperatures without further testing. The facility failed to ensure staff appropriately doffed PPE prior to leaving the COVID-19 isolation unit, failed to properly screen staff prior to their shift, failed to ensure staff wore face masks, and did not have a dedicated entrance and exit for staff providing care to residents with COVID-19.

Deficient Practice: The facility failed to ensure the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or options preferred was provided; failed to provide treatment and care based on the comprehensive assessment, in accordance with professional standards;



and failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 6

Exit Date: 05/13/2020

Purpose of Visit: Complaint/Incident Investigation

Tags: F880/N1647/N1648/N1653

Situations: The facility failed to effectively implement isolation procedures and standard droplet precautions to prevent the spread of COVID-19, failed to provide hand sanitizer at the entrance of the COVID-19 isolation unit, failed to ensure proper hand hygiene practices when entering and exiting residents' rooms, and failed to ensure staff changed PPE between the COVID-19 isolation unit and others.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 2

Exit Date: 05/14/2020

Purpose of Visit: Focused Infection Control Survey

Tags: F880/N1647

Situations: The facility failed to ensure that face masks were worn properly to prevent the spread of COVID-19.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 3

Exit Date: 05/15/2020

Purpose of Visit: Complaint/Incident Investigation

Tags: F689/N1433

Situations: The facility failed to implement interventions to prevent a resident who had exhibited exit-seeking behaviors from eloping. The resident eloped and was found by the police. The facility continued in the failure and allowed the resident to elope two additional times following the first.

Deficient Practice: The facility failed to ensure residents received adequate supervision to prevent accidents.

Region 2

Exit Date: 05/15/2020

Purpose of Visit: Complaint Investigation

Tags: F880/N1647

Situations: The facility failed to prevent non-essential visitors from entering the building, per CDC guidelines.



Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 5

Exit Date: 05/15/2020

Purpose of Visit: Complaint Investigation; Focused Infection Control Survey

Tags: F684/N1416; F725/N1447; F835/N1721; F837/N17225;

F880/N1647/N1651/N1655

Situations: The facility failed to isolate residents who tested positive for COVID-19, failed to ensure the facility had sufficient PPE, failed to ensure sanitation protocols were followed, and failed to designate staff to work with residents positive for COVID-19. The facility failed to ensure that sufficient licensed staff were on duty to perform resident assessments as recommended by the CDC. The facility did not monitor and assess a resident who was medically unstable due to COVID-19 after they returned from the hospital. The resident was ultimately returned to the hospital with hypoxia (inadequate oxygen supply) and respiratory distress where they died. Facility administration and the governing body did not ensure protocols recommended by the facility's and LHA's medical directors regarding COVID-19 testing and containment.

Deficient Practice: The facility failed to ensure treatment and care was provided in accordance with professional standards of practice, failed to have sufficient nursing staff to provide nursing and related services to assure and attain or maintain the highest practicable well-being, failed to ensure care was administered in a manner that enables the facility to use its resources effectively and efficiently, and failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained. The governing body failed to implement policies regarding the management and operation of the facility

Region 4

Exit Date: 05/16/2020

Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey

Tags: F880/N1647

Situations: The facility failed to designate staff to work the COVID-19 isolation unit, per their own policy.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 6

Exit Date: 05/18/2020

Purpose of Visit: Incident Investigation

Tags: F880/N1647



Situations: The facility failed to screen staff prior to entrance, failed to ensure those exhibiting symptoms were not allowed to work, failed to trace contact when staff and residents were exposed to COVID-19, failed to quarantine residents readmitted from the hospital or outside treatment, and failed to ensure appropriate PPE was available.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 6

Exit Date: 05/19/2020

Purpose of Visit: Focused Emergency Preparedness Survey

Tags: F880/N1647

Situations: The facility failed to have appropriate PPE available and to ensure it was worn properly, failed to designate staff to work the COVID-19 isolation unit, and failed to ensure proper sanitization practices.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 5

Exit Date: 05/21/2020

Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey

Tags: F880/N1648/N1655

Situations: The facility failed to ensure proper social distancing, failed to ensure face masks were worn, failed to monitor residents for symptoms of COVID-19, and failed to report and respond to a staff person who became infected with COVID-19.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 7

Exit Date: 05/21/2020

Purpose of Visit: Focused Infection Control Survey

Tags: F880/N1647/N1648/N1655

Situations: The facility failed to screen essential visitors and restrict non-essential visitors, failed to ensure staff wore PPE appropriately, failed to implement social distancing, failed to use proper disinfection techniques between resident assessments, and failed to implement effective hand sanitation practices.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.



Region 4**Exit Date:** 05/22/2020**Purpose of Visit:** Complaint Investigation**Tags:** F84/N1416**Situations:** The facility failed to perform a comprehensive assessment on a resident who experienced a change in condition, developed cool, clammy skin, and presented with difficulty breathing. The resident was ultimately transferred to the hospital where they died two hours after arrival.**Deficient Practice:** The facility failed to ensure treatment and care, in accordance with the comprehensive care plan and professional standards of practice was provided.**Region 3****Exit Date:** 05/22/2020**Purpose of Visit:** Complaint/Incident Investigation; Focused Infection Control Survey**Tags:** F880/N1647**Situations:** The facility failed to ensure residents who tested positive for COVID-19 were isolated from non-infected residents, failed to ensure all residents were assessed for symptoms, and failed to ensure appropriate PPE was worn.**Deficient Practice:** The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.**Region 1****Exit Date:** 05/26/2020**Purpose of Visit:** Focused Infection Control Survey; Focused Emergency Preparedness Survey**Tags:** F880/N1647**Situations:** The facility failed to implement social distancing and failed to ensure proper PPE was worn.**Deficient Practice:** The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.**Region 1****Exit Date:** 05/27/2020**Purpose of Visit:** Complaint Investigation; Focused Infection Control Survey**Tags:** F880/N1647**Situations:** The facility failed to screen essential visitors and restrict non-essential visitors, failed to ensure staff wore PPE appropriately, failed to implement social distancing, failed to use proper disinfection and biohazard waste techniques, and failed to implement effective facility and hand sanitization practices.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 5

Exit Date: 05/28/2020

Purpose of Visit: Complaint/Incident Investigation

Tags: F880/N1647

Situations: The facility failed to ensure there was a barrier to separate the COVID-19 isolation unit from the rest facility, failed to implement proper use and storage of PPE and biohazard bags on the COVID-19 isolation unit, failed to implement social distancing of residents on the secure unit, failed to effectively sanitize equipment in between residents, and failed to ensure that all staff members had not worked at another COVID-19 facility.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 2

Exit Date: 05/29/2020

Purpose of Visit: Complaint Investigation

Tags: F880/N1647

Situations: The facility failed to ensure screening for symptoms of COVID-19 was being conducted prior to entrance, to implement proper use of face masks, failed to provide sufficient training and oversight to staff during the COVID-19 pandemic, failed to ensure that staff who were not tested for COVID-19 during mass testing were not allowed in the facility for at least fourteen days or without proof of a negative test result, and failed to ensure that residents with unknown test results or newly admitted were isolated until negative tests were confirmed.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 6

Exit Date: 05/31/2020

Purpose of Visit: Complaint Investigation; Focused Emergency Preparedness Survey

Tags: F880/N1647

Situations: The facility failed to ensure staff used appropriate PPE, failed to have a sufficient supply of PPE, and failed to quarantine residents who refused COVID-19 testing.



Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 3

Exit Date: 06/01/2020

Purpose of Visit: Complaint/Incident Investigation

Tags: F600/N1284

Situations: The facility failed to ensure a resident who required significant assistance with ADL's was provided care appropriately, resulting in the resident falling from their bed during incontinence care and sustaining facial injuries.

Deficient Practice: The facility failed to implement policies and procedures to prevent neglect.

Region 2

Exit Date: 06/02/2020

Purpose of Visit: Complaint Investigation

Tags: F880/N1647

Situations: The facility failed to ensure screening for COVID-19 prior to entrance, failed to implement proper hand sanitation practices, failed to ensure that face masks were worn properly, failed to implement social distancing, and failed to appropriately assess residents for symptoms of COVID-19.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 6

Exit Date: 06/03/2020

Purpose of Visit: Complaint Investigation; Focused Infection Control Survey

Tags: F880/N1647

Situations: The facility failed to ensure appropriate use and placement of PPE, failed to regularly assess residents for symptoms of COVID-19 and to quarantine residents returning to the facility.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 5

Exit Date: 06/04/2020

Purpose of Visit: Incident Investigation

Tags: F755/N1442; F760/N1599



Situations: The facility failed to order and administer a resident's blood thinning medication for seven days. The resident required transfer to the hospital where they died.

Deficient Practice: The facility failed to provide pharmaceutical services to meet the needs of each resident and failed to ensure residents were free of significant medication errors.

Region 3

Exit Date: 06/04/2020

Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey

Tags: F880/N1647

Situations: The facility failed to isolate a resident when they were readmitted to the facility from the hospital until they were aware of the resident's COVID-19 infection status.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 2

Exit Date: 06/05/2020

Purpose of Visit: Complaint Investigation

Tags: F880/N1647/N1658

Situations: The facility failed to ensure proper contact isolation procedures were followed when they allowed a staff member to go between rooms in a rabbit costume, hand out eggs and interact with residents physically. The facility did not ensure that proper hand hygiene and surface disinfection techniques were followed. The facility failed to ensure its policy for entering and exiting the COVID-19 isolation unit were followed, and that PPE was used effectively.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 5

Exit Date: 06/09/2020

Purpose of Visit: Complaint/Incident Investigation

Tags: F880/N1647

Situations: The facility failed to ensure proper techniques were followed when donning and doffing PPE between the COVID-19 isolation unit and failed to properly isolate residents who began to exhibit symptoms of COVID-19.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.



Region 6**Exit Date:** 06/09/2020**Purpose of Visit:** Complaint Investigation**Tags:** 580/N1130; F684/N1416**Situations:** The facility failed to accurately assess a resident who began to exhibit a change in condition. The facility failed to order the resident's stat laboratory tests, to administer their stat IV fluids, and to transfer the resident to the hospital when they experienced a change in condition, as ordered by the resident's physician.**Deficient Practice:** The facility failed to consult with the physician when there was a significant change in condition and failed to ensure residents received treatment and care in accordance with professional standards of practice and the comprehensive, person-centered care plan.**Region 5****Exit Date:** 06/10/2020**Purpose of Visit:** Complaint/Incident Investigation; Focused Infection Control Survey**Tags:** F880/N1648/N1655**Situations:** The facility failed to identify resident rooms that were in droplet isolation, failed to implement a process to ensure staff were aware of resident's COVID-19 status, and to isolate pending symptomatic residents from non-symptomatic residents.**Deficient Practice:** The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.**Region 4****Exit Date:** 06/11/2020**Purpose of Visit:** Complaint Investigation**Tags:** F684/N1416**Situations:** The facility failed to identify a resident with a hospital diagnosis of urinary retention as at-risk and did not communicate the resident's history of urinary retention and urinary tract infection to nursing staff. The facility failed to implement a plan of care for the resident and did not consult with a urologist or obtain ordered tests as ordered by the resident's healthcare providers.**Deficient Practice:** The facility failed to ensure treatment and care was provided in accordance with professional standards of practice.**Region 6****Exit Date:** 06/19/2020**Purpose of Visit:** Complaint/Incident Investigation; Focused Infection Control Survey**Tags:** F880/N1647

Situations: The facility failed to ensure sufficient availability and use of PPE and failed to follow effective biohazardous waste handling practices.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 2

Exit Date: 06/22/2020

Purpose of Visit: Complaint/Incident Investigation

Tags: F684; F690/N1425

Situations: The facility failed to provide appropriate treatment and indwelling catheter services for a resident resulting in sepsis (potentially life-threatening condition caused by the body's response to an infection), pain, and emotional distress.

Deficient Practice: The facility failed to ensure treatment and care was provided in accordance with professional standards of practice and failed to ensure residents receive appropriate treatment and services to prevent urinary tract infections and complications associated with an indwelling catheter.

Region 5

Exit Date: 06/26/2020

Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey

Tags: F880/N1647

Situations: The facility failed to assign dedicated staff to care for residents with COVID-19, to ensure effective use of PPE, and to separate residents with pending COVID-19 tests from those who had tested positive.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

